

PC3 Contracts

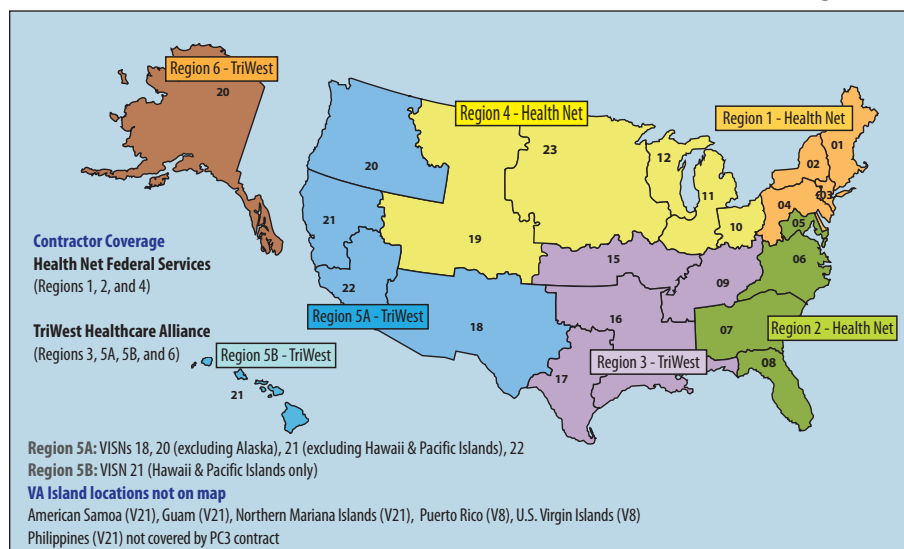
Patient-Centered Community Care (PC3) is a Veterans Health Administration (VHA) nationwide program that offers health care contracts to provide eligible Veterans access to:

- primary care
- inpatient specialty care
- outpatient specialty care
- mental health care
- limited emergency care
- limited newborn care for enrolled female Veterans following the birth of a child

Under PC3, VHA contracts with Health Net and TriWest to develop a network of providers who deliver the covered care. Care is available through PC3 when the local VA Medical Center (VAMC) cannot readily provide the needed care to Veterans due to lack of available specialists, long wait times, geographic inaccessibility or other factors.

Availability

PC3 contracts have been awarded to Health Net and TriWest in the following areas:



Timeline

The six month implementation period runs from October 2013 to April 2014. Health Net and TriWest have a maximum of six months to build their networks. During that time, VAMCs will prepare to use the contracts. Contracts may be available for use prior to the end of the implementation period.

Lessons Learned

The contract requirements were based on lessons learned through VHA pilot programs, including Project HERO, which offered medical and dental contracts in four Veterans Integrated Service Networks and tested the best ways to buy care through contracts.

Stakeholder Input

The contract requirements were developed by VHA clinical, policy, administration and acquisition subject matter experts. The requirements also reflect input from Congress, Veterans Service Organizations and industry.

★ Benefits

PC3 sets contractual requirements that benefit Veterans and VA Medical Centers. The contracts:

- **Ensure quality**—Providers and facilities meet quality standards
- **Provide efficiency**—Contracts help VAMCs manage high volumes of one type of care, contractors set the appointments and authorizations do not require additional contracting review
- **Are convenient for Veterans**—Veterans are seen quickly and within required commute times
- **Decrease improper payments**—Payment rates are defined by the contract and contractors perform an additional level of review to ensure services performed match the authorization and then are billed correctly to VA
- **Support care coordination**—Medical documentation is provided back to the VA Medical Center in a timely manner
- **Standardize processes**—National contract administration and oversight is provided by the Chief Business Office Purchased Care. PC3 processes are integrated into Non-VA Care Coordination (NVCC) processes
- **Support reimbursement**—Appointment information provided by the contractor allows for review of third party payer precertification

Contact

For more information, please:

- Visit our intranet site at <http://pccc.hac.med.va.gov>
- Email us at PCCC.Info@va.gov



PC3 Frequently Asked Questions

Who are the contractors and where are they available?

Health Net Federal Services:

- Region 1—VISNs 1, 2, 3, 4
- Region 2—VISNs 5, 6, 7, 8
- Region 4—VISNs 10, 11, 12, 19, 23

TriWest Healthcare Alliance:

- Region 3—VISNs 9, 15, 16, 17
- Region 5A—VISNs 18, 20 (excluding Alaska), 21 (excluding Hawaii and Pacific Islands and Philippines*)
- Region 5B—VISN 21—Hawaii and Pacific Islands
- Region 6—VISN 20—Alaska

**Philippines not covered by PC3 contracts.*

What are the key contract requirements?

The contractors are required to meet key requirements that ensure the care provided works well for the Veterans and VAMCs, including:

- **Access**—Specific commute times for specialty care (urban: 45 minutes, rural: 100 minutes, highly rural: 180 minutes) and higher level of specialty care (urban: 90 minutes, rural: 180 minutes, highly rural: community standard)
 - Primary Care (urban: 30 minutes, rural: 45 minutes, highly rural: 60 minutes)
 - Women's Health (Mammograms and Maternity Care—accessible within 50 mile distance or 60 minutes max).
- **Appointments**—Scheduled within five days and held within 30 days of receipt of authorization. Patient should be seen within 20 minutes of arrival
- **Care Coordination**—Medical documentation returned within 14 days for outpatient and 30 days for inpatient. All critical findings reported within 24 hours
- **Clinical Quality**—Complies with federal and state regulatory requirements. Meet Medicare Conditions of Participation and Conditions for Coverage
- **Safety**—All events reported to CO/COR within 24 hours. Two quality and safety committees. Established complaints and grievances processes
- **Performance**—Monitor contractor performance against Quality Assurance Plan and Quality Assurance Surveillance Plan

What is not included in the contracts?

The contracts do not include dental care, nursing home care, Long-Term Acute Care Hospitals, Homemaker and home health aide services, dialysis and compensation and pension examinations.

How does PC3 fit into NVCC processes?

Overall, NVCC processes are largely the same when using PC3. The key process deviation PC3 requires is that the contractor makes the appointment, rather than the VAMC. This requires the VA Medical Center to send out a slightly different letter with the authorization and to use a different script when placing the call to the Veteran. Specific directions will be available in the NVCC Standard Operating Procedures.

When does a VAMC use the PC3 contracts?

When a VAMC cannot readily provide needed care inhouse or the care is not feasibly available to the Veteran, VAMCs will first look to provide specialty care at another VAMC. When not feasible to provide the care within the VHA system, the VAMC will consider its options for purchasing the care. Consideration will first be given to the availability of sharing agreements with the Department of Defense or with Academic Affiliates (VA Directive 1663). If none, the VAMC will obtain the care through local contracts, if they exist and if they provide definitive benefits above and beyond PC3 contracts. Once these options are ruled out as not viable, the VAMC will purchase care through PC3 contracts.

How will the contracts be managed?

The PC3 contracts will be organized regionally. A central PMO will support the contracts with regional teams consisting of subject matter experts in contract management, claims processing, field operations and other appropriate areas.

How will current and future local contracts be affected by PC3?

Current contracts will remain in place until the period of performance is complete. Future contracts for services covered under PC3 will be reviewed and approved prior to solicitation to ensure that any other contracts provide definitive benefits above and beyond those offered by PC3. Contracts for staffing within VAMCs to provide care internally are not impacted by this approach.

Can I still contract directly with a local provider outside of the PC3 framework?

Local contracts may be used on an exception basis. The intent is to purchase all services included in PC3 through the resultant contracts. However, a local VAMC may contract directly if needed services are not covered by PC3 or if the local contract can definitively provide benefits above and beyond those offered by PC3.